

Case Number:	CM13-0063020		
Date Assigned:	12/30/2013	Date of Injury:	07/05/2010
Decision Date:	04/18/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, Pain Management, and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65-year-old male who reported an injury on 07/05/2010. The mechanism of injury was not provided in the medical records. The patient is diagnosed with rotator cuff syndrome. His symptoms are noted to include right shoulder pain with radiation to his right wrist, as well as mild pain in his left shoulder. His physical exam findings include tenderness to palpation of the bilateral shoulders, decreased range of motion in the right shoulder, and a normal neurological examination. It was noted that the patient was using a topical compound, which included flurbiprofen 25%, menthol 10%, camphor 3%, and capsaicin 0.375% in order to reduce impact on the patient's gastrointestinal system. His other medications are noted to include Doral and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FLURBIPROFEN 30GM 25% MENTHOL, 10% CAMPHOR, 3% CAPSAICIN 0.0375% TOPICAL COMPOUND CR&ME, 120GM TUBE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Medication-Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): 111-113.

Decision rationale: The clinical information submitted for review failed to provide details regarding the patient's medication history, including whether he has tried and failed antidepressants and anticonvulsants. Additionally, as the patient's symptoms are noted to be located in his shoulders and topical NSAIDs are not recommended for use in the shoulder, and in no form other than topical diclofenac, topical flurbiprofen is not supported. Additionally, details were not provided indicating that the patient was intolerant or did not respond to other treatment in order to warrant use of topical capsaicin, and the guidelines do not support use of a 0.0375% formulation. Therefore, the compounded topical product which contains flurbiprofen and capsaicin is not recommended. As such, the request is non-certified.